

## LME Alternative Service Request for Use of DMHDDSAS State Funds

### For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

**Note:** Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at [Wanda.Mitchell@ncmail.net](mailto:Wanda.Mitchell@ncmail.net), and to Spencer Clark, Chief's Office, Community Policy Management Section, at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net). Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at [Brenda.G.Davis@ncmail.net](mailto:Brenda.G.Davis@ncmail.net) or (919) 733-4670, or to Spencer Clark at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net) or (919) 733-4670.

<b>a. Name of LME East Carolina Behavioral Health</b>		<b>b. Date Submitted</b> 9-29-08
<b>c. Name of Proposed LME Alternative Service</b> Wellness Education Group (WEG) – YA340		
<b>d. Type of Funds and Effective Date(s):</b> <i>(Check All that Apply)</i>  <input type="checkbox"/> <b>State Funds:</b> Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> <b>State Funds:</b> Effective 10-01-08 to 6-30-09		
<b>e. Submitted by LME Staff (Name &amp; Title)</b> Cindy Ehlers, MS LPC Assistant Area Director	<b>f. E-Mail</b> <a href="mailto:cehlers@echblme.org">cehlers@echblme.org</a>	<b>g. Phone No.</b> 252 639-7703
<b><u>Background and Instructions:</u></b>  <p>This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an <b><i>LME Alternative Service Request for Use of DMHDDSAS State Funds.</i></b></p> <p>This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.</p> <p>Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.</p> <p>Please note that:</p> <ul style="list-style-type: none"> <li>an individual LME Alternative Service Request form is required to be completed for <u>each</u> proposed Alternative Service;</li> <li>a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to <u>directly</u> provide an approved Alternative Service; and</li> <li>the current form is <u>not</u> intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.</li> </ul>		

	<p align="center"><b>Requirements for Proposed LME Alternative Service</b></p> <p align="center"><i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i></p>
<p align="center"><b>Complete items 1 through 28, as appropriate, for all requests.</b></p>	
<p><b>1</b></p>	<p><b>Alternative Service Name, Service Definition and Required Components</b></p> <p><b>Wellness Education Group (WEG)</b> –This premise of this service is that Peer supported education is an innovative emerging best practice that provides hope for people diagnosed with mental illness. WEG provides structured, scheduled activities that promote Recovery through education and personal responsibility, self advocacy, and socialization including peer support. WEG teaches and assists with the development of natural supports, and maintenance of community living skills, including crisis planning. Under the direct supervision of a mental health professional, an agency maintains adequate staff support to enable a safe, structured environment in which consumers can meet and provide mutual support where education is the foundation of treatment and informed decision making.</p> <p>Services are geared toward consumers with severe and persistent mental illness. These consumers may have concomitant substance abuse disorders or concomitant mental retardation. Classes include opportunities for people at any stage of Recovery. One target group for Wellness Education Groups will be individuals in long term beds at state institutions to assist in discharge planning. Another primary target group are folks recently discharged back to the community who may benefit from a connection to peer run education and support groups.</p> <p>Consumers actively participate in decision-making and the operation of the programmatic supports. There will opportunities to practice wellness skills through scheduled activities that may include: meals and snacks, art and other recreational/leisure activities, educational seminars, informal and formal Peer support meetings, and planning/feedback committees. The service promotes hope, personal responsibility, education, self-advocacy and support, especially the development of natural supports and compliments those skills obtained in the traditional service array.</p> <p>The purpose of a Wellness Education service is to provide an opportunity for consumers to direct their own Recovery and advocacy process and to teach and support each other in the acquisition and exercise of skills needed for getting well and staying well with wellness tools, crisis planning and the utilization of natural resources and supports within the community.</p>
<p><b>2</b></p>	<p><b>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</b></p> <ul style="list-style-type: none"> <li>• <b>Consumer access issues to current service array</b></li> </ul> <p>Programs which are run and controlled by their users offer adults who have been diagnosed with serious mental illness the opportunity to have support from individuals with a similar life experience. Because of life experience with mental illness, a component of mutuality exists in this service that is unique to Wellness Education Group. Individuals empowered by Peer supported education are more likely to seek and participate in adjunct traditional services for a truly integrated, truly person centered system of care. WEG can be tailored to meet the needs of individuals at any stage of Recovery, from newly deinstitutionalized to emerging symptoms brought on by a life crisis such as a natural disaster or physical illness.</p> <ul style="list-style-type: none"> <li>• <b>Consumer barrier(s) to receipt of services</b></li> </ul> <p>Professionals have been trained that the existence of mental illness impairs decision-making and typically assume they (professionals) know best. This culture is absent from Peer run education and support groups and attractive to individuals who believe they have been marginalized by the current system. Individuals diagnosed with a serious mental illness and/or concomitant substance abuse disorders or concomitant mental retardation can be limited in traditional services by barriers to self-determination such as those</p>

	<p>found in medical models of treatment. Individuals seeking treatment for the first time may avoid traditional services due to perceived stigma. WEG is wellness oriented and does not promote stereotypical language or settings.</p> <ul style="list-style-type: none"> <li>• <b>Consumer special services need(s) outside of current service array</b></li> </ul> <p>Mutual support, such as Wellness Education is extremely effective in building self-sufficiency, independence and confidence by allowing consumers to build and test new skills in a safe environment with out judgement. Support groups and wellness education provided Peer to Peer increases the likelihood that people can get well and stay well for long periods of time. Concepts such as hope, personal responsibility, education, self advocacy and support replace dire predictions around a diagnosis of mental illness, and the message is delivered by people who are the evidence of Peer supported success.</p> <ul style="list-style-type: none"> <li>• <b>Configuration and costing of special services</b></li> </ul> <p>These services are implemented with a group rate consistent with the rates associated with similar services for other uniquely defined populations.</p> <ul style="list-style-type: none"> <li>• <b>Special service delivery issues</b> <i>These services require supervision from a qualified mental health professional.</i></li> <li>• <b>Qualified provider availability</b> <i>Peers who provide the Wellness Education are or have been recipients of mental health or substance abuse services with mental health or addiction who are certified as WRAP facilitators and Certified in Intentional Peer Support.</i></li> <li><b>Other provider specific issues</b></li> </ul>
3	<p><b>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</b></p> <p>Existing definitions do not allow for mutual Peer relationships that promote Wellness Education provided by Peers. Groups facilitated by Peers not only allow consumers to engage in the development of their own Wellness Recovery Action Plan, but the potential to offer Peer support to others and become a facilitator with opportunities to volunteer and be employed in such a capacity.</p>
4	<p><b>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</b></p> <p><input checked="" type="checkbox"/> <b>Recommends</b>    <input type="checkbox"/> <b>Does Not Recommend</b>    <input type="checkbox"/> <b>Neutral (No CFAC Opinion)</b></p>
5	<p><b>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</b>    800</p>
6	<p><b>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</b></p> <p><b>\$ 200,000</b></p>
7	<p><b>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</b></p> <p><u>Assessment Only:</u>    <input type="checkbox"/> <b>All</b>    <input type="checkbox"/> <b>CMAO</b>    <input type="checkbox"/> <b>AMAO</b>    <input type="checkbox"/> <b>CDAO</b>    <input type="checkbox"/> <b>ADAO</b>    <input type="checkbox"/> <b>CSAO</b>    <input type="checkbox"/> <b>ASAO</b></p> <p><u>Crisis Services:</u>    <input type="checkbox"/> <b>All</b>    <input type="checkbox"/> <b>CMCS</b>    <input type="checkbox"/> <b>AMCS</b>    <input type="checkbox"/> <b>CDCS</b>    <input type="checkbox"/> <b>ADCS</b>    <input type="checkbox"/> <b>CSCS</b>    <input type="checkbox"/> <b>ASCS</b></p> <p><u>Child MH:</u>    <input type="checkbox"/> <b>All</b>    <input type="checkbox"/> <b>CMSED</b>    <input type="checkbox"/> <b>CMMED</b>    <input type="checkbox"/> <b>CMDEF</b>    <input type="checkbox"/> <b>CMPAT</b>    <input type="checkbox"/> <b>CMECD</b></p>

	<p><b><u>Adult MH:</u></b>            <input checked="" type="checkbox"/> <b>All</b>   <input type="checkbox"/> <b>AMSPM</b>   <input type="checkbox"/> <b>AMSMI</b>   <input type="checkbox"/> <b>AMDEF</b>   <input type="checkbox"/> <b>AMPAT</b>   <input type="checkbox"/> <b>AMSRE</b></p> <p><b><u>Child DD:</u></b>            <input type="checkbox"/> <b>CDSN</b></p> <p><b><u>Adult DD:</u></b>            <input type="checkbox"/> <b>All</b>   <input type="checkbox"/> <b>ADSN</b>   <input type="checkbox"/> <b>ADMRI</b></p> <p><b><u>Child SA:</u></b>            <input type="checkbox"/> <b>All</b>   <input type="checkbox"/> <b>CSSAD</b>   <input type="checkbox"/> <b>CSMAJ</b>   <input type="checkbox"/> <b>CSWOM</b>   <input type="checkbox"/> <b>CSCJO</b>   <input type="checkbox"/> <b>CSDWI</b>   <input type="checkbox"/> <b>CSIP</b>  <input type="checkbox"/> <b>CSSP</b></p> <p><b><u>Adult SA:</u></b>            <input checked="" type="checkbox"/> <b>All</b>   <input type="checkbox"/> <b>ASCDR</b>   <input type="checkbox"/> <b>ASHMT</b>   <input type="checkbox"/> <b>ASWOM</b>   <input type="checkbox"/> <b>ASDSS</b>   <input type="checkbox"/> <b>ASCJO</b>   <input type="checkbox"/> <b>ASDWI</b>  <input type="checkbox"/> <b>ASDHH</b>   <input type="checkbox"/> <b>ASHOM</b>   <input type="checkbox"/> <b>ASTER</b></p> <p><b><u>Comm. Enhance.:</u></b>   <input type="checkbox"/> <b>All</b>   <input type="checkbox"/> <b>CMCEP</b>   <input type="checkbox"/> <b>AMCEP</b>   <input type="checkbox"/> <b>CDCEP</b>   <input type="checkbox"/> <b>ADCEP</b>   <input type="checkbox"/> <b>ASCEP</b>   <input type="checkbox"/> <b>CSCEP</b></p> <p><b><u>Non-Client:</u></b>           <input checked="" type="checkbox"/> <b>CDF</b></p>
8	<p><b>Definition of Reimbursable Unit of Service: (Check one)</b></p> <p><input type="checkbox"/> <b>Service Event</b>    <input type="checkbox"/> <b>15 Minutes</b>            <input type="checkbox"/> <b>Hourly</b>    <input checked="" type="checkbox"/> <b>Daily</b>            <input type="checkbox"/> <b>Monthly</b></p> <p><input type="checkbox"/> <b>Other: Explain</b> _____</p>
9	<p><b>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</b></p> <p><i>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</i></p> <p style="text-align: right;">\$ <input type="text"/> <input type="text"/> <input type="text"/> <b>150.00 per day</b></p>
10	<p><b>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service</b> (Provide attachment as necessary) We determined the cost of staff time and resources necessary to provide a Wellness Recovery Education Class. The average class has 15-20 participants. Each class has two peer facilitators. Each class last four hours a day with two hours of prep time each day and two hours of travel time each day.</p>
11	<p><b>Provider Organization Requirements</b></p> <ul style="list-style-type: none"> <li>• meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) including national accreditation; and</li> <li>• fulfill the requirements of 10A NCAC 27G</li> </ul>
12	<p><b>Staffing Requirements by Age/Disability</b></p> <ol style="list-style-type: none"> <li>1. Supports must be provided and/or activities led by staff who are certified in Wellness Recovery Action planning facilitation and Intentional Peer Support or other consumers, under the supervision of a North Carolina certified Peer Specialist or WRAP facilitator. A specific activity may be taught by persons who are not consumers but are invited guests.</li> <li>2. All staff must have an understanding of recovery and must possess the skills and ability to assist other consumers in their own recovery processes.</li> <li>3. Each class will be taught by two peers under the supervision of a Qualified Professional.</li> </ol>
13	<p><b>Program and Staff Supervision Requirements</b></p> <p>The program must be under the clinical supervision of a LPC, preferably a consumer who is certified in Intentional Peer</p>

	support and is a trained WRAP facilitator. Wellness Educators must be certified in Intentional Peer Support and a Wellness Recovery Action Plan Facilitator
14	<b>Requisite Staff Training</b> <i>Peers are or have been recipients of mental health or substance abuse services with mental health or addiction who are certified as WRAP facilitators and in Intentional Peer Support.</i>
15	<b>Service Type/Setting</b> Wellness Education Group must be delivered by Peers or: <ul style="list-style-type: none"> <li>• a program within a freestanding Peer Support Center;</li> <li>• a program within an existing clinical service provider without a Peer Support Center;</li> <li>• a program within a Peer Support Center that is within a clinical service provider; or</li> </ul> a program within a larger clinical or community human service provider administratively, (either with or without a Peer Support Center, but with complete programmatic autonomy or in community settings as a part of outreach.
16	<b>Program Requirements</b> <ul style="list-style-type: none"> <li>• <b>Individual or group service</b>  <i>This is a group service and can be provided in any setting.</i></li> <li>• <b>Required client to staff ratio (if applicable)</b>  There must be a maximum face-to-face ratio of an average of not more than twenty (20) consumers to two (2) Peers trained in Intentional Peer Support, based on average daily attendance of consumers in the program.</li> <li>• <b>Maximum consumer caseload size for FTE staff (if applicable)</b>  32 for f/u only</li> <li>• <b>Maximum group size (if applicable)</b>  20</li> <li>• <b>Required minimum frequency of contacts (if applicable)</b>  4 to recruitment contacts by face to face or telephone and 4 follow up contacts face to face or telephone</li> <li>• <b>Required minimum face-to-face contacts (if applicable)</b></li> <li>• <i>Minimum frequency of contacts 16 hours of group face to face</i></li> </ul>
17	<b>Entrance Criteria</b> <ol style="list-style-type: none"> <li>1. Consumer must have primary behavioral health issues AND</li> <li>2. Level of functioning does not preclude services in an unstructured environment without professional presence.</li> <li>3. Requires and would benefit from support of peers for the acquisition of skills needed for wellness planning and for utilization of natural resources within the community AND</li> <li>4. Needs assistance to develop self-advocacy skills in order to achieve decreased dependency on the mental health system OR</li> <li>5. Needs assistance and support to prepare for a successful work experience OR</li> <li>6. Needs Peer modeling in order to take increased responsibilities for his/her own recovery OR</li> <li>7. Needs Peer supports in order to maintain daily living skills.</li> </ol>
18	<b>Entrance Process</b>  For State funded WEG, no prior authorization by the Local Management Entity is required
19	<b>Continued Stay Criteria</b> <ol style="list-style-type: none"> <li>1. Continues to meet admission criteria AND</li> <li>2. Group progress notes document consumer progress relative to WRAP in action. Consumers can go back through WRAP as often as they feel they need the support.</li> <li>3. Consumer chooses not to participate with other alternative treatment/support option. AND</li> <li>4. Internal concurrent review should occur every six (6) months</li> </ol>

20	<p><b>Discharge Criteria</b></p> <ol style="list-style-type: none"> <li>1. Consumer feels he or she can work his or her WRAP without continued support.</li> <li>2. There is demonstrable wellness in accordance with the individual's description of such with minimal support for at least 3 months.</li> <li>3. Consumer requests discharge</li> <li>4. Transfer to another service/level</li> </ol>
21	<p><b>Evaluation of Consumer Outcomes and Perception of Care</b></p> <p>Through wellness action planning each consumer should set his or her own individualized goals and assess his or her own skills and resources related to goal attainment. Goals are set by exploring strengths and needs in the consumer's living, learning, social, and working environments and will be measured through follow up contact that includes self-report and surveys. Wellness plans can be an accurate and detailed adjunct to person-centered- plan that includes triggers and crisis planning.</p>
22	<p><b>Service Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>• <b><i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i></b></li> </ul> <p><input checked="" type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b>        <b><i>If "No", please explain.</i></b></p> <p><i>Daily group note will reflect participation and f/u documentation will indicate use of wellness tool/support.</i></p>
23	<p><b>Service Exclusions</b></p> <p><b>None</b></p>
24	<p><b>Service Limitations</b></p> <p><b>None</b></p>
25	<p><b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b></p> <p>"In recent years, consumer/survivor knowledge has been translated into a growing understanding that people can recover from mental illness and that Wellness Education and peer support has an important role in the process. As policymakers look to science as a means to rationalize mental health care, consumer/survivor involvement in the mental health system as research partners and peer providers has enhanced the quality and relevance of the evidence produced.</p> <p>The increasing proliferation of peer support services and the evolution of the recovery movement may represent the brightest stars in the future of mental health treatment" <i>Report from NTAC's National Experts Meeting on Emerging New Practices in Organized Peer Support March 17-18, 2003, Alexandria, VA</i></p> <p><b>AA and NA are models of Peer support that are highly effective and have demonstrated support for Recovery in the SA field. WRAP education is emerging as a practice in MH Recovery along with Peer Support.</b></p>
26	<p><b>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</b></p>



	ECBH will monitor consumer progress toward goals during annual monitoring activities and through utilization review. We will compare expenditures related to this service with previous utilization expenditures and patterns including frequency of hospitalization. We expect to see better consumer outcomes and <b><u>decreased hospital bed days and decreased recidivism</u></b> as a result of this alternative service.
27	<b>LME Additional Explanatory Detail (as needed)</b> ECBH has provided this service for about 4 years. It has traditionally only been covered by County dollars. We would like to be able to demonstrate the number of individuals served by Wellness Education Groups through paid claims data collection related to those county dollars as well as access some state dollars to support this service. In addition, by adding this service definition we hope to be able to increase the number of individuals who receive Wellness Recovery Action Planning and employment opportunities for Peers who are in Recovery who have been trained as WRAP facilitators within our provider community.